

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35146**
4613

FILED OCT 24 1957		REG. DIST. NO. <u>393</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>CLAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MISSOURI</u> b. CITY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>14 MDS</u>		c. CITY OR TOWN <u>KANSAS CITY, MO.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2504 Pence</u>				STREET ADDRESS (If rural, give location) <u>2504 PENCE</u>		50680	
3. NAME OF DECEASED (Type or Print) <u>Lida</u>		a. (First) <u>E</u>		c. (Last) <u>CLARK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 5 1957</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>JULY 17, 1884</u>	
9. AGE (In years last birthday) <u>73</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>FAYETTE COUNTY, IND</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>Junius Hines</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH HAMMOND</u>		14. NAME OF HUSBAND OR WIFE <u>FRANK CLARK</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>305-26-1607</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS Ruby GARRISON</u> ADDRESS <u>2504 Pence KCMO</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Cancer with Metastases</u> INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac</u> <u>Myocardial</u> <u>Inflammation</u> <u>24 hours</u> DUE TO (c) <u>Generalized Carcinomatosis from Bi-Lat. Carcinoma Ovaries</u> <u>12 Months</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>175X</u>			
19a. DATE OF OPERATION <u>10-5-56</u>		19b. MAJOR FINDINGS OF OPERATION <u>Bi-Lat. Adenocarcinoma Ovaries with Metastases to Colon</u>		20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Sept 28, 1956</u> , to <u>Oct 5, 1957</u> , that I last saw the deceased alive on <u>Oct 5, 1957</u> , and that death occurred at <u>8:55 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Earl R. Knox M.D.</u> (Degree or title) <u>D</u>				23b. ADDRESS <u>224 Pinallo Bl. K.C.Mo</u>		23c. DATE SIGNED <u>10-5-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>10-5-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>DUBLIN, IND</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>10-5-57</u>		REGISTRAR'S SIGNATURE <u>Neva Minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcome Sons</u> ADDRESS <u>N. K. C. Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Earl R. Knox



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Elmer H. Hill*.....

Licensed Embalmer No. *4586*

P. O. Address *K.C. 14, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.